



MISSOURI DEPARTMENT OF CONSERVATION

Human Resources Division
2901 W. Truman Blvd. (P.O. Box 180)
Jefferson City, Missouri 65102
Office (573) 751-4115 Fax (573) 522-1787
MDC Jobs Internet Address

<http://www.mdc.state.mo.us/about/jobs/>

Application for Employment

Please Print		Social Security Number – For identification purposes only				Last Name:	
Date	_____						
Name	Mr.	_____					
Name	Ms.	_____					
	Mrs.	Last	First	Middle			
Address							
Street, HCR Route Number		City	State	Zip	County		
Home Phone	() _____	Work Phone	() _____				
E-Mail Address _____							
Are you lawfully authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Have you been convicted of a crime, excluding misdemeanors or traffic offenses? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please attach a complete description. Conviction of a crime is not a disqualification for employment, all circumstances considered.							
Minimum salary you are willing to accept \$ _____ When can you begin work? _____							
Will you accept employment anywhere in Missouri? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If no, list counties preferred _____							
How did you learn of position(s)? Please list specific newspaper, school, personal contact, etc.							
<input type="checkbox"/> Newspaper/Magazine Ad	_____	<input type="checkbox"/> Expo/Career Fair	_____				First Name:
<input type="checkbox"/> Internet Site	_____	<input type="checkbox"/> School	_____				
<input type="checkbox"/> Personal Contact	_____	<input type="checkbox"/> Civic Organization	_____				
<input type="checkbox"/> Job Announcement Number	_____	<input type="checkbox"/> Other	_____				
<input type="checkbox"/> Walk in	_____						
Position(s) Applied For: Type of position Salaried/Term <input type="checkbox"/> Hourly <input type="checkbox"/> Seasonal/Summer <input type="checkbox"/>							
Please include Job Title, Job Announcement Number and Location							
1.	_____	5.	_____				
2.	_____	6.	_____				
3.	_____	7.	_____				
4.	_____	8.	_____				
Can you perform the essential functions of the position(s) for which you have applied, with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>							
EQUAL OPPORTUNITY EMPLOYER							

EMPLOYMENT RECORD

In the space furnished below give a record of every position held. START WITH YOUR PRESENT POSITION AND WORK BACK. Account for all periods of unemployment. Describe your duties and responsibilities in full detail. Include any military or volunteer service. Attach additional pages if needed.

Dates of Employment (Begin with most recent)	Employer's Name and Address	Position Held and Supervisor	Salary
Date Employed _____ Date Separated _____ Months _____ Months _____ Full Time _____ Part Time _____	Employer _____ Street _____ Address _____ City, State _____ and Zip Code _____	Position Held _____ Supervisor _____ Phone _____ Number _____	Starting _____ Ending _____
Date Employed _____ Date Separated _____ Months _____ Months _____ Full Time _____ Part Time _____	Employer _____ Street _____ Address _____ City, State _____ and Zip Code _____	Position Held _____ Supervisor _____ Phone _____ Number _____	Starting _____ Ending _____
Date Employed _____ Date Separated _____ Months _____ Months _____ Full Time _____ Part Time _____	Employer _____ Street _____ Address _____ City, State _____ and Zip Code _____	Position Held _____ Supervisor _____ Phone _____ Number _____	Starting _____ Ending _____
Date Employed _____ Date Separated _____ Months _____ Months _____ Full Time _____ Part Time _____	Employer _____ Street _____ Address _____ City, State _____ and Zip Code _____	Position Held _____ Supervisor _____ Phone _____ Number _____	Starting _____ Ending _____

May we contact your present employer? Yes ☐ No ☐ Note: We may contact previous employers.

List any other names you have been known by _____

Have you been discharged or involuntarily resigned from any position in the last five years? Yes ☐ No ☐

If yes, please give details on an extra sheet of paper.

What office equipment can you operate efficiently? Please list _____

Typing Speed _____ WPM Date of last typing test _____

List software with which you are proficient _____

What heavy commercial, industrial or farm equipment can you operate proficiently? Please list _____

Operator's license number _____ State _____ Class _____ Expires _____

Do you have any relatives employed by the Missouri Department of Conservation? Please list them.

Name _____ Relationship _____

Name _____ Relationship _____

References (Do not list relatives)	Occupation	Address	Phone Number
1.			
2.			

Describe Your Duties in Detail (If supervisory experience, give number of employees supervised)	Reason For Leaving

EDUCATION RECORD

Did you graduate from high school or obtain a G.E.D.? Yes ☐ No ☐

High School, Trade, Business or Vocational School _____

City _____ State _____ Field of Study _____

College and Universities - Undergraduate and Graduate

Name and Location	Grade Average	Total Hours	Major	Degree Program	Graduation Date

Applications for professional positions must include college transcripts. Summarize credit hours below:

____ Fisheries Management	____ Biological Studies	____ Public Relations	____ Journalism	____ Statistics
____ Wildlife Management	____ Computer Science	____ Education	____ Agriculture	____ Accounting
____ Forestry Management	____ Human Resources	____ Engineering	____ Interpretation	____ GIS
____ Environmental Education	____ Law Enforcement			

List other qualifications you possess which you want considered _____

**PROBATIONARY PERIOD, RELEASE OF INFORMATION
AND CONDITIONS OF EMPLOYMENT**

PROBATIONARY PERIOD: All Department of Conservation salaried and term employees serve a minimum of six months probationary period from the date of original employment. During this time they have to demonstrate their ability to effectively perform their outlined duties. If, during the probationary period, performance is not deemed to be satisfactory, or if the Performance Appraisal at the conclusion of the probationary period is unsatisfactory, employment may be terminated or the probationary period may be extended. Employment is secured only on the basis of qualifications for a given position. Employees are retained only on the basis of satisfactory performance of duties. Advancement is based on demonstrated ability and merit.

APPLICATION CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION: I hereby certify that all the information made on or in connection with this application is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance. I understand that if any of the statements made by me on this application are false or if a contact with my former employers reveal that I would make an unsatisfactory employee, this will be sufficient grounds for rejection of my application or removal from employment. I hereby authorize my previous employer or any educational institutions I have attended to release to the Missouri Department of Conservation any information they may have regarding my character, academic record or employment history, whether on record or not. I also authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any representative of the Missouri Department of Conservation to examine, copy or receive any records pertaining to me regarding convictions or driving record. By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

CONDITIONS OF EMPLOYMENT: I hereby understand that prospective salaried employees need not be residents of Missouri at the time of interview; however, they must become residents on or after employment within a reasonable period that is approved by the appropriate Division/Section Administrator.

I agree to accept compensatory time off in lieu of cash overtime payment for overtime hours worked in accordance with the Department's Compensatory Time Off and Paid Overtime policy.

SELECTIVE SERVICE REGISTRATION CERTIFICATION: The U. S. Military Selective Service Act, U.S.C. App. 451, et seq., requires males aged 18 through 26 to register with the Selective Service Administration. I certify that if I am subject to the Act, I am registered with the Selective Service Administration.

Signature _____

Date _____

The Department of Conservation will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an Employment Eligibility Verification form and produce requested documentation at the time of employment. The Department is an Equal Opportunity Employer.

(5/03, all previous application forms obsolete)

EQUAL EMPLOYMENT DATA

Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or disability. The Department of Conservation will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" (Form I-9) and produce requested documentation at the time of employment.

The Department of Conservation is required to report specific information regarding our applicant pool for Affirmative Action and Equal Employment Opportunities records. To help us comply, please answer the questions below.

The completion of the following information is *voluntary* and will be kept in a *confidential file* separate from the Application for Employment. Please print all information.

Date _____

Name _____ Phone No. _____
(Last) (First) (Middle)

Address _____
(Number & Street) (City) (State) (Zip)

Birthdate _____ Age _____ Sex _____
(Month) (Day) (Year)

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic

☐ Asian/Pacific Islander ☐ American Indian/Native Alaskan

Are you a Vietnam Era Veteran? Yes ☐ No ☐

Can you perform the essential functions of the position(s) for which
you have applied with or without reasonable accommodation? Yes ☐ No ☐

Remarks _____

This form will be placed in a separate confidential file if mailed with your application or you may mail it directly to:

Affirmative Action Officer
Missouri Department of Conservation
P.O. Box 180
Jefferson City, MO 65102